

# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 13 2016

### 1. CARRIER INFORMATION:

1915	Giron's Limo Service, Inc.				
<b>*WMATC No.   *Name of Carrier (as shown on certificate of authority)</b>					
2308 Spencerville Road			Spencerville	MD	20868
<b>*Street Address of Principal Place of Business</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address (if different from street address)</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
(301)421-0050				info@gironslimo.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>		

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2199798			2925
<b>USDOT No.</b>	<b>DCTC No.</b>	<b>Virginia DMV passenger carrier No.</b>	<b>Maryland PSC No.</b>

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Benjamin Giron		President	
<b>*Name</b>		<b>*Title</b>	
(240)498-4985		(301)421-4110	gironslimo@gmail.com
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

<b>Name of Registered Agent for Service of Process</b>		<b>Telephone</b>	<b>E-mail</b>		
<b>Agent Address (must be inside Metropolitan District)</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2009	LINCOLN	2LNHM85V69X600445 ✓	04017LM	MD	4	NO
	2007	LINCOLN	1LNHM85V87Y605319 ✓	53067B	MD	4	NO
	2015	FORD	1FDGF5GY8DEB15441 ✓	029P73	MD	28	NO
	2006	CHRYSLER	2C3KA53G36H125420 ✓	04000LM	MD	8	NO
	2006	HUMMER	5GRGN23U46H117633 ✓	03299LM	MD	18	NO
	2004	HUMMER	5GRGN23U64H110955 ✓	09616P	MD	20	NO
	2010	LINCOLN	2LNBLBFV1AX629492 ✓	04012LM	MD	4	NO
	2009	MERCEDES BENZ	WDDNG86X09A2392 ✓	53130B	MD	4	NO
	2013	INTERNATIONAL	5WEXWSKK7DH044721 ✓	09619P	MD	32	NO
	2012	MERCEDES	WDZPE8CC9C5714351 ✓	08760P	MD	15	NO

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Benjamin Giron

\*Name (type or print)

President

\*Title (not required for sole proprietors)

  
\*Signature

01/05/2016

\*Date

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	2012	FORD	1FDXE4FS6CDB05053	029P83	MD	20	NO
	2013	INTERNACIONAL	5WEXWSKKXDH333335	031P44	MD	29	NO
	2012	FORD	1FDXE4FS7CDA08105 ✓	029P72	MD	25	NO

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